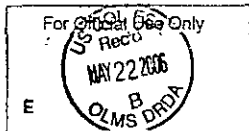


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 07046	2. Fiscal Year Covered From: <i>01 / 01 / 2005</i> Through: <i>12 / 31 / 2005</i>
3. Name and address of person filing.  Name <i>DALE L MCPHERSON</i>  P.O. Box, Bldg., Room No., if any  Street <i>535 MCKNIGHT ROAD S</i>  City <i>ST PAUL</i>  State <i>Minnesota</i> ZIP Code + 4 <i>55119-6911</i>	4. Name, file number, and address of labor organization.  Name <i>BROTHERHOOD OF LOCOMOTIVE ENGINEERS &amp; TRAIME</i>  Labor Organization File Number <i>000-101</i>  P.O. Box, Building and Room Number, if any  Street <i>1370 ONTARIO ST</i>  City <i>CLEVELAND</i>  State <i>Ohio</i> ZIP Code + 4 <i>44113-1702</i>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <i>[Signature]</i>	On <i>05/13/2005</i> Date	<i>612-991-0018</i> Telephone Number

Name of Person Filing DALE MCPHERSON	File Number U- 07046
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name UNTITLEDHEASTHCARE</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any PO BOX 150453</p> <p>Street 450 COLUMBUS BOULEVARD, CT030-13NA</p> <p>City HARTFORD</p> <p>State Connecticut ZIP Code + 4 06115-0453</p>	<p>14.a. Nature of payment.</p> <p>GOLF OUTING, LUNCH, PRIZES 2/11, 12, 16, 17, 2005</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>\$819</p>

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name HUNEGS, STONE, LENEAVE, KVAS & THORNTON

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1650 INTERNATIONAL CENTRE

Street 900 SECOND AVE, SOUTH

City MINNEAPOLIS

State Minnesota

ZIP Code + 4 55402

14.a. Nature of payment.

1/15/05 MEAL

1/07/05 BEVERAGES

1/14/05 MEAL

1/16/05 MEAL

1/17/05 MEAL

1/18/05 MEAL

2/04/05 PHOTOS

2/24/05 MEAL

5/02/05 HUNT LICENSE

9/14/05 GOLF OUTING

11/10/05 BEVERAGES

11/14/05 MEAL

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$637

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name YEAGER, JUNGBAUER, & BARCZAK, PLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 745 KASOTA AVE

City MINNEAPOLIS

State Minnesota

ZIP Code + 4 55414

14.a. Nature of payment.

APRIL 2005 BOOKS/BRIEF CASE  
ENTERTAINMENT/DINNERS

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$468

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.